

PLACE OF BIRTH

County of Pima
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 126
 County Registrar No. 699
 Local Registrar No. _____

No. 3012 Turkey Shoat St.
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Francisca Pivas { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth June 19, 1926
 Month Day Year

8. FATHER
 Full name Julio Pivas
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Sonora, Mex.
 (State or country)

13. Occupation Smelter man
 Nature of industry

14. MOTHER
 Full maiden name Refugia Silvas
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Sonora, Mex.
 (State or country)

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 3:30 P. m. on the date above stated
 (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Eyrl M. Brown, M.D. (Physician or midwife).
 Address Miami, Arizona

Given name added from a supplemental report _____
 Month, day, year

Filed July 1, 1926 R. E. Dorn
 Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

692-618-952